DOCUMENT RESUME

ED 100 573 RC 008 263

AUTHOR	Hamilton, Vance E., Comp.
TITLE	An Analysis of North Carolina's Rural Health Problems as Perceived by County Rural Development Panels.
INSTITUTION	Governor's Task Force on Rural Health, Raleigh, N.C.
PUB DATE	Jul 73
NOTE	50p.
EDRS PRICE	MF-$0.75 HC-$3.15 PLUS POSTAGE
DESCRIPTORS	Community Resources; Diseases; Drug Addiction; *Environmental Influences; Family Planning; Health Facilities; *Health Services; *Manpower Needs; Mental Health; Nutrition; *Rural Areas; *Special Health Problems; Venereal Diseases
IDENTIFIERS	*North Carolina

ABSTRACT

A State Task Force on Rural Health was formed (January 1973) by the State Rural Development Committee to identify and analyze major rural health problems in North Carolina and to recommend alleviation strategies. The Task Force submitted open-ended questionnaires to members of the County Rural Development Panels to secure their perceptions of county health problems. Panel member responses were grouped into categories (responses did not represent a statistical sampling, but did represent 94 of 100 counties). Categories were: shortage of manpower, shortage of facilities, disease and related problems, and environmental health problems. Data were divided into principal problems: priority problems, citizen role, outside assistance needs, and health problems listed by region and county. A shortage of health manpower and inadequate facilities and services were identified as the major health problems in North Carolina. In the category of facilities, mental health care, family planning, and medical care were problems. Drug abuse and venereal diseases were the two major concerns in the disease category; water and sewer problems were important environmental concerns. As traditional health care methods were not deemed feasible, new systems, health education, and utilization of existing community resources were recommended. (JC)

ED100573

AN ANALYSIS OF

NORTH CAROLINA'S RURAL HEALTH PROBLEMS

AS PERCEIVED BY

COUNTY RURAL DEVELOPMENT PANELS

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

RC008263

ED100573

Compiled and Edited by:

Vance E. Hamilton,
Extension Community Development Specialist

A Project of the State Task Force on Rural Health

State Task Force on Rural Health Survey Committee:

Miss Emma Carr Bivins
Dr. J. Kempton Jones
Mr. Richard Parks
Dr. Vance E. Hamilton, Chairman

July 1973

TABLE OF CONTENTS

	PAGE
Listing of Tables	iii
Introduction	1
Presentation of Data	3
Principal Rural Health Problems in North Carolina Counties	3
Priority Rural Health Problems in North Carolina Counties	6
The Citizens Role in Relation to Health Problems	8
Need for Outside Assistance	10
A Listing and Analysis of Health Problems by Regions	12
Health Care Manpower Needs	12
A Listing of the Rural Health Problems by Counties and Regions	18
Conclusions and Implications	41
Appendix	43

LIST OF TABLES

A listing of Rural Health Problems as perceived by County Rural Development Panels by Regions.

	PAGE
Table 5 - Region A	19
Table 6 - Region B	20
Table 7 - Region C	21
Table 8 - Region D	22
Table 9 - Region E	24
Table 10- Region F	25
Table 11- Region G	27
Table 12- Region H	29
Table 13- Region J	30
Table 14- Region K	31
Table 15- Region L	32
Table 16- Region M	33
Table 17- Region N	34
Table 18- Region O	35
Table 19- Region P	36
Table 20- Region Q	38
Table 21- Region R	39

LIST OF MAPS

Figure 1.	An identification of counties which listed a shortage of health manpower as a principal problem	14
Figure 2.	An identification of the type of manpower by counties which consider Health Manpower shortage a principal problem	15
Figure 3.	An identification of counties which listed shortage of Health Manpower as a priority problem	16
Figure 4.	An identification of the types of manpower by counties which considered Health Manpower shortage a priority problem	17

BEST COPY AVAILABLE

INTRODUCTION

During January of 1973 a State Task Force on Rural Health was formed by the State Rural Development Committee. When mobilizing the Task Force Dr. George Hyatt, Jr., Director of the North Carolina Agricultural Extension Service and Chairman of the State Rural Development Committee, noted that there is a paramount need for improving health care throughout the State. He pointed out that the State Rural Development Committee, consisting of representatives of State government, the two Land Grant Universities and the United States Department of Agriculture at the State level, is basically a Steering Committee. Therefore, a State Task Force on Rural Health is needed to assist this Committee in identifying specific health problems and in planning and implementing programs to improve health facilities and services and preventive health care.

Functions

The initial function of the State Task Force on Rural Health was to assist the State Rural Development Committee in identifying and analyzing major rural health problems in North Carolina and in recommending strategies and developing programs to solve or alleviate these problems. Other specific functions suggested for the State Task Force on Rural Health were to:

1. Develop interagency communication, understanding and cooperation among organized medicine, private medical practice, consumers of health services and government at all levels in improving health care and education.

2. Explore and suggest strategies and develop programs for effectively organizing, planning and implementing programs to improve the availability and delivery of health services.

3. Develop and disseminate educational information and conduct educational programs on health maintenance and preventive health care (nutrition, immunization, accident prevention, etc.).

4. Develop and disseminate information on the types of educational, financial and professional medical assistance available for improving rural health facilities and services.

5. Develop and conduct training programs for local Rural Development Panels, local Boards of Health and other local groups which are directly involved or could assist in improving health care and education.

Membership

Due to the broad scope of health problems in North Carolina the State Task Force membership includes representatives from organized medicine, private medical practice, public health agencies, medical schools and citizens' groups which are directly involved in programs providing health care and education. A complete listing of the agencies and organizations represented are listed in the appendix.

One of the first activities of the Task Force was to secure from the County Rural Development Panel members their perception of County health problems and related information. County Rural Development Panels are composed of agencies and organizations who work with rural people. Organizations and agencies represented include U.S.D.A. agencies, local governmental agencies, health, education and social services and other county-wide groups.

Limitations

The information secured from these panels is tabulated in this report on a State and Regional basis. Only a sketchy analysis of the information is offered. Several cautions should be considered in regards to the findings.

(1) The panel members responded to an open-ended questionnaire and the answers supplied were grouped. The grouping process required some interpretation and may have resulted in a response being placed into the wrong specific heading. However, there was little chance of a response being put into the wrong overall category (grouping of responses).

(2) The information represents the health problems as perceived by individuals who work or represent rural people and is not a statistical sampling of rural residents.

(3) The information represents 94 of the 100 counties in that there were 93 responses and one of these was from a panel that represented 2 counties.

PRESENTATION OF DATA

Principal Rural Health Problems in North Carolina Counties

A complete listing of the health problems identified is presented in Table 1. The question asked the Panels to list their principal rural health problems with no limit as to the number listed. The headings used for summary purposes were selected based upon the types of responses and were not a part of the questionnaire.

As expected, the shortage of health manpower, especially doctors and dentists in rural areas, was identified as the major problem. Over half the counties indicated a need for doctors which most often meant a general practitioner within a reasonable distance of rural people. A large majority of the Panels identified health manpower shortages, of one kind or another, as a need. Figures 1-4 which appear later in this report illustrate more fully the perceived health manpower shortage and its distribution across the State.

In the area of facilities and services three areas of need were especially prevalent. Transportation for medical care among rural people, mostly poor and older people, was the most often identified problem. Health education to promote better health practices of individual and greater use of existing facilities ranked a close second. The area of nutrition, improper diets resulting from lack of knowledge and inadequate resources, was identified as a major problem also.

When the lack of dentists and the problem of dental care are grouped together this becomes a high concern area. Family Planning, Mental Health Care (services and facilities)

and medical care for the near poor, were also problems of considerable concern.

Drug abuse and venereal diseases were the two major concerns in the area of disease and disease related problems. Disease concerns did not rank very high in regards to other health needs such as manpower and facilities and services.

One of the more significant finds was the perception County Rural Development members expressed toward the problem of water and sewer in regards to health problems. They consider polluted water supplies and sewer needs of individual families and communities to be as much a problem in rural health as such things as nutrition, transportation and other major needs. Solid waste, substandard housing, land-use planning and controls were other environmental health problems which were perceived as major. The number and frequency of environmental problems listed was also significant in that the question asked the panels to list their principal rural health problems and did not suggest environmental related responses.

BEST COPY AVAILABLE

Table 1. A listing of the principal rural health problems in 94 North Carolina counties as perceived by Rural Development Panels.

	NUMBER OF COUNTIES REPORTING
1. SHORTAGE OF HEALTH MANPOWER:	
Need Doctors	47
Need Dentists	20
Need a combination of Health Manpower*	17
Need Technicians**	12
Need Nurses	7
Need Public Health Personnel	5
Need Health Educators	1
2. SHORTAGE OF FACILITIES AND SERVICES:	
Transportation	43
Health Education (prevention and motivation)	42
Facilities and Services in general	39
Nutrition	35
Family Planning	24
Dental Care	22
Mental Health Care	22
Medical Care (primarily children and near poor)	21
Care for Elderly	18
Lack of Emergency Care	18
Nursing and Rest Homes	13
Lack of or Inadequate Hospitals	14
a. Distance from hospitals	9
Home Nursing and Home Health Services	11
Out Patient Clinics	9
Pre/Post Natal Care	8
Immunization	7
Day Care for Children	4
Vocational Rehabilitation	2
3. DISEASE AND RELATED PROBLEMS:	
Drug abuse	19
Venereal Disease	16
Alcohol Abuse	11
Other Diseases	6
Chronic Disease	4
4. ENVIRONMENTAL HEALTH PROBLEMS:	
Water and/or sewer (individual and community)	50
Solid Waste	33
Substandard Housing and Related Problems	27
Pests: Rats, Mosquitos, etc. (household and community)	15
Land Use Planning and Controls	15
Sanitation (regulations, etc.)	12
Dog Control Programs	5
Other Environmental Health Problems	17

*More than one type of Health Manpower need identified; usually included Doctors, Dentists and other needs.

**Technicians include paramedics, nurses aides, and other needs used to denote manpower not included in traditional medical professions.

Priority Rural Health Problems in North Carolina Counties

In an effort to determine the most significant perceived problem in the counties, the Panels were asked to list their 3 major problems in order of priority. Table 2 shows these findings.

When only priority problems are considered the shortage of health manpower is even more sharply identified. For one-third of the counties manpower shortage was their number 1 problem and lack of doctors was the most mentioned need.

Some of the other specific problems which were considered to be priority ones were:

Health Education (prevention and motivation).

Inadequate facilities and services in general. While hospitals was the most frequent mentioned specific facility/service, it is significant that only 5 of the 94 counties considered this to be their number 1 priority.

Water and sewer problems - (polluted drinking water and sewer problems for communities and individual family wells).

Solid Waste Problems.

Lack of Emergency Care.

Medical Care (especially for near poor).

Dental Care.

Transportation.

Thus, it can be surmised that the priority health care problem in North Carolina as perceived by County Rural Development Panels is that of manpower, primarily doctors. Facilities and services which is closely related to manpower is another problem of considerable scope. A wide range of facilities and services are needs in addition to hospitals. The number 1 environmental health problem is related to water and sewer needs and this ranks relatively high in relation to other health needs. Health Education aimed at increasing preventative practices is considered to be a relatively high need for rural people.

Table 2. A listing of the 3 most pressing health problems in 94 counties as perceived by Rural Development Panels.

	NUMBER COUNTIES REPORTING		
	1st Priority	2nd Priority	3rd Priority
1. SHORTAGE OF HEALTH MANPOWER:			
Need Doctors	17	8	4
Need Combination of Health Manpower	11	7	6
Need Dentists	0	5	0
Need Technicians	1	0	1
Need Public Health Personnel	0	1	1
Nurses	0	0	2
2. SHORTAGE OF FACILITIES AND SERVICES:			
Health Education (prevention and motivation)	10	5	11
Inadequate Health Facilities and services in general	7	11	6
Hospitals (no facility or lack of beds)	5	3	0
Transportation	2	3	7
Lack of Emergency Care	3	2	5
Medical Care (primarily children and near poor)	2	5	1
Family Planning	1	4	4
Dental Care	2	3	1
Nutrition	0	4	5
Care for Elderly	2	1	2
Immunization	3	0	0
Out Patient Clinics	2	1	0
Home Nursing and Home Health Services	1	1	1
Distance from Hospitals	0	3	0
Pre/Post Natal Care	1	0	2
Nursing and Rest Homes	0	2	1
Mental Health Care	0	0	1
Day Care for Children	0	0	1
3. DISEASE AND RELATED PROBLEMS:			
Venereal Disease	2	2	2
Chronic and Other Diseases	3	0	1
Drug Abuse	1	0	2
Alcohol Abuse	0	0	1
4. ENVIRONMENTAL HEALTH PROBLEMS:			
Water and/or Sewer (individual and community)	10	7	3
Solid Waste	5	2	6
Substandard Housing and Related Problems	1	3	3
Land Use Planning & Controls	0	3	1
Sanitation (regulations, etc.)	1	0	1
Other Environmental Health Problems	0	6	1

The Citizens Role in Relation to Health Problems.

America has long been considered a nation in which many of the community problems are solved by local citizens through volunteer efforts. No doubt some of the health needs can be met by concerned citizens also. In order to determine the citizens role in helping to solve health problems, the County Rural Development Panels were asked to identify those things which could be done by local citizens. Table 3 contains a listing of those things identified.

Several areas were delineated in which citizens could provide assistance. Those most mentioned were:

Provide transportation for those who cannot otherwise get to medical care.

Help to create an awareness of health care problems.

Promote better utilization of existing services and facilities.

Support efforts to solve health care problems.

Encourage County officials to become more active in health care.

A complete listing of the activities which local citizens might do to help solve county health problems are listed in Table 3.

BEST COPY AVAILABLE

Table 3. A listing of activities local citizens can perform to help solve health care problems as perceived by 94 county Rural Development Panels.

	NUMBER OF COUNTIES REPORTING
Volunteer time to provide health services, primarily transportation	40
Help make others aware of health care problems (preventive care)	37
Support efforts to solve health care problems	18
Promote better utilization of existing facilities and services	16
Encourage county officials to become more active in health care activities	15
Promote and support legislation to improve environment and health	10
Support efforts to locate Doctors for the county	9
Help secure organizational support (civic, church, etc.) for better health care	9
Assist with fund raising to establish health care services and facilities	8
Assist in developing and use of solid waste program	8
Support improvement of water and/or sewer systems, (bonds and etc.)	8
Support efforts to secure outside assistance (manpower and financial)	8
Make public health officials more aware of health care needs	6
Become trained in first aid and home nursing	6
Assist with educational program to improve the living standards of low income families	6
Sponsor community health fairs and clinics	5
Assist with nutritional programs	5
Assist with educational programs on safety, farm pesticides, drug abuse	4
Set up 24 hour manned crisis center	3
Organize a dental care campaign	3
Encourage all county agencies to provide health education	3
Encourage physicians to accept medicaid stickers	2

Need for Outside Assistance

While many needs can be met by local citizens and with local resources, there are some problems which require outside assistance. The County Rural Development Panels were asked to identify the types of outside assistance needed and these are listed in Table 4.

Most of the problems identified as needing outside assistance were associated with additional money. Grants and financial assistance in general led the list of needs. Closely related to the need for financial assistance was the need for help in expanding public health facilities and services.

Other areas in which the County Rural Development Panels expressed a relatively high need for outside assistance were:

Technical Assistance in Planning.

Assistance in Securing and Locating Qualified Health Care Personnel - especially Doctors.

A State-wide Effort Emphasizing the Importance of Preventative Health Care Practices and Services Available.

A complete lising of the outside assistance needs are presented in Table 4.

Table 4. Outside assistance needed to help solve county health care problems as perceived by 94 Rural Development Panels.

	NUMBER OF COUNTIES REPORTING
1. FINANCIAL ASSISTANCE:	
Financial assistance (in general)	31
Grants to assist local governments to solve some of the problems	24
Financial assistance in obtaining Doctors	12
Subsidize educational cost for students to become doctors and dentists	7
Funds for volunteer transportation	5
Incentives for doctors to practice in rural areas	4
2. EXPANSION OF SERVICES AND FACILITIES:	
Expanding public health facilities and services	22
A Statewide effort emphasizing the importance of preventative health care practices and services available	19
Medical Schools to train more doctors	10
Establishing a Statewide para-medical program	9
Establishing additional extended care facilities	5
Immunization	4
Organizing Health Clinics	4
Better Trained Staffs	3
More assistance from State Health Department	2
More facilities for the aged	2
Nutrition Programs	2
3. PLANNING ASSISTANCE:	
Technical Assistance (in general)	17
Assistance in securing and locating qualified health care personnel-doctors and nurses	12
Health Care Planning	8
Need Help from Professional Planners and Medical Associations for direction	8
Assistance in solving transportation problem	4
Assistance in planning County Water and Sewage systems	1
4. LEGISLATIVE ASSISTANCE:	
Help in Drug Abuse and Better Drug Laws	5
Improve Existing Health Laws and Enforce Them	4
Land Use Planning Ordinances and Soil Surveys	4
County Ordinances to Condemn and Demolish Houses Unfit for Living	1
5. OTHER ASSISTANCE:	
More Low Cost Housing	2
Regional Health Council	1
Consolidation of Some Health Departments (by region)	1

A LISTING AND ANALYSIS OF HEALTH PROBLEMS BY REGIONS

In order to determine the distribution of health care problems in the State and to identify those planning and development regions with particular problems the findings were listed by Regions. Tables 5 through 21 contain a listing of these problems and identifies the counties reporting the problems.

A comprehensive analysis of the findings is beyond the scope of this study. Rather, two things have been done to facilitate the use of the findings. First, maps, figures 1-4, have been used to indicate those counties in which manpower is considered a problem. Secondly, the complete listing of problems identified for each region is included so that counties and regional groups can do a more in-depth analysis in keeping with their own health care efforts.

Health Care Manpower Needs

The following maps present a pictorial view of the major health manpower needs identified by the County Rural Development Panels. Figures 1 and 2 reflect the health manpower shortage identified from the longer (un-restricted) listing of principal health needs. Figures 3 and 4 contains information obtained from the top 3 priority problems listed for each county.

Figure 1 indicates that 67 of the 94 counties have some form of health manpower shortage and figure 2 shows the kind of manpower shortage identified. These maps reveal a general shortage of manpower in all regions of the State. The Region which seems to be in the best condition is Region J while Regions A, D, H, N, M, O, K, L, Q, and R appear to have the most problems with manpower shortage.

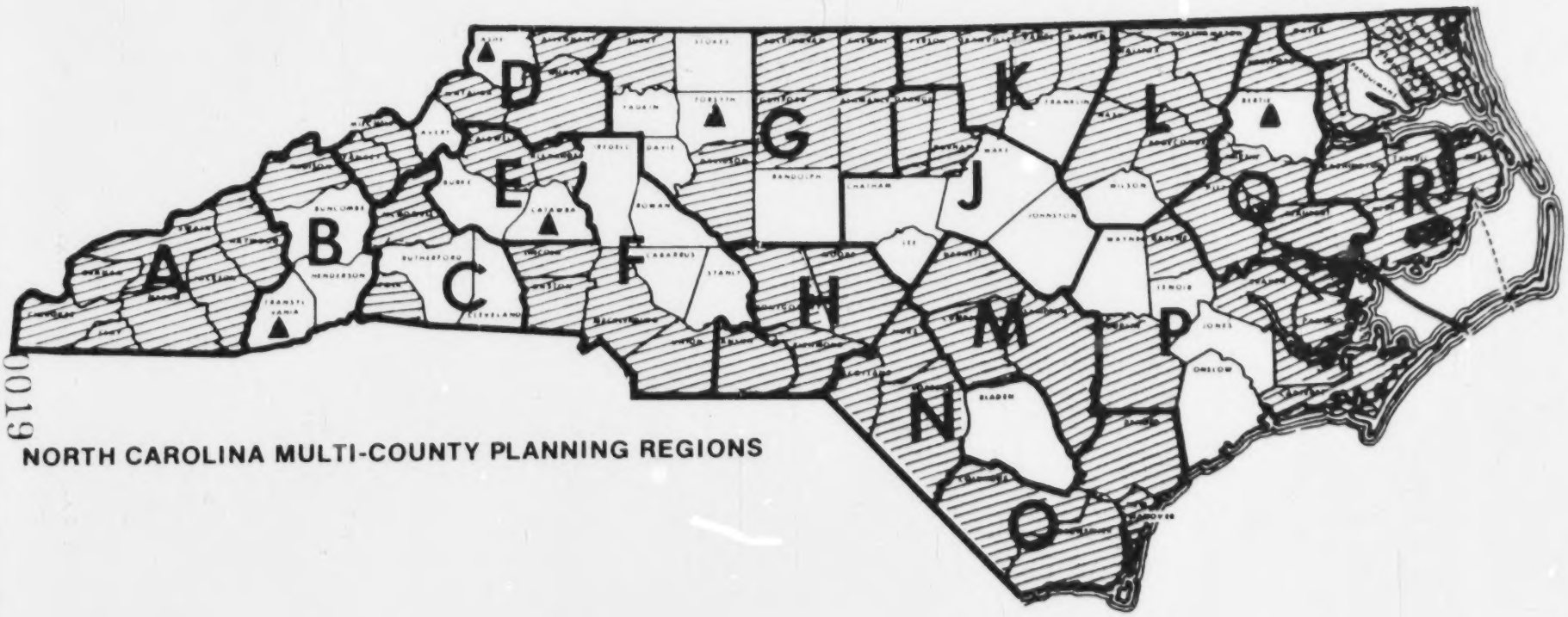
It should be noted that Guilford, Durham and Mecklenburg counties listed a shortage of Doctors as a problem. This reflected a distribution problem in which rural people were not thought to be adequately served by physicians. Both distribution and distance is reflected in the manpower problems in all counties.

Figure 3 shows those counties which considered a shortage of health manpower to be one of their top 3 major concerns. Over half of the counties, fifty three, listed a shortage of health manpower as a priority problem. Twenty seven of these fifty three counties considered this to be their number one problem. Again Region J appears to be the only region in which health manpower is not a major concern. Regions A, [illegible], H, R, and O appear to have the most critical and widespread manpower shortage in health care.

Figure 4 shows the type of manpower shortage for those counties considering manpower to be a priority problem. It is significant to note that the county Rural Development Panels perceive the shortage of health manpower to be a priority problem in some counties of every Region except Region J. In the main, this shortage refers to medical doctors such as general practitioners and specialists. This was especially true in regards to the number one priority problem. The shortage of dentists in Region A was also noticeable.

Figure I: Identification of counties which listed a shortage of health manpower as a principal problem.

BEST COPY AVAILABLE



0019

NORTH CAROLINA MULTI-COUNTY PLANNING REGIONS

Counties indicating a manpower shortage in health care

▲ Counties not returning a questionnaire

Figure 2: Type of health manpower shortage by counties which consider this to be a principal problem.

BEST COPY AVAILABLE

0020

NORTH CAROLINA MULTI-COUNTY PLANNING REGIONS

● DOCTORS

■ DENTISTS

▲ COMBINATION OF DOCTORS, DENTISTS AND/OR OTHERS

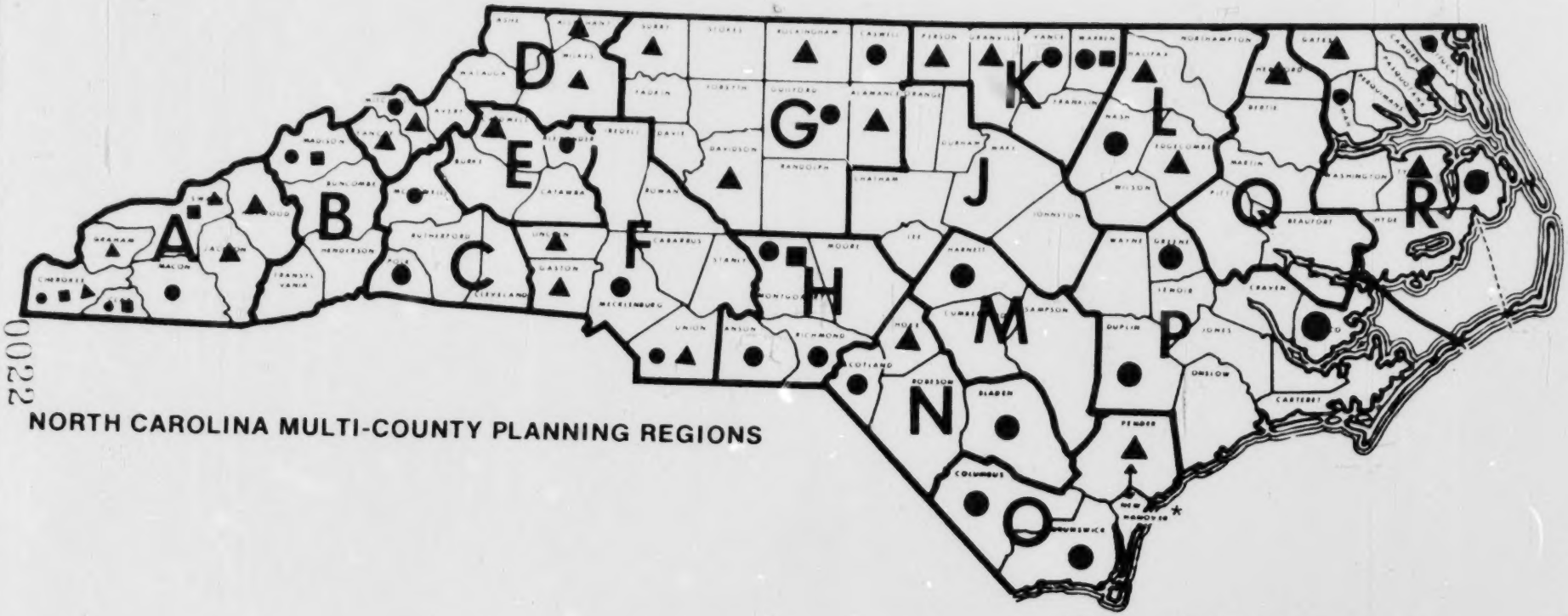
*Pender and New Hanover have a joint Rural Development Panel and the problems reported were for both counties.

Figure 3: Identification of counties which listed shortage of Health Manpower as a top priority problem.

Counties indicating a shortage of manpower as one of top three health problems

▲ Counties not returning a questionnaire

Figure 4: Type of health manpower shortage by counties which considered this to be a priority problem.



0022

NORTH CAROLINA MULTI-COUNTY PLANNING REGIONS

● DOCTORS

■ DENTISTS

▲ COMBINATION OF DOCTORS, DENTISTS AND/OR OTHERS.

*Pender and New Hanover have a joint Rural Development Panel and the problems reported were for both counties.

A LISTING OF THE RURAL HEALTH PROBLEMS BY COUNTIES AND REGIONS

Tables 5 through 21 contain a listing of health care problems by regions. Part A of each table contains a compilation of the principal problems and Part B contains a compilation of the 3 priority problems. No attempt has been made to analyze these finds beyond the preceding manpower treatment.

For those interested in using the information it is important to remember that these are the health areas in which members of county Rural Development Panels feel that problems exist. This and the other limitations listed in the introduction should be considered in using the information presented.

Table 5. A listing of the Rural Health Problems in Region A as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Cherokee, Clay, Haywood, Macon
   - Need Dentists: Cherokee, Clay, Swain
   - Need Combination of Health Manpower: Clay, Graham, Jackson, Swain
   - Need Technicians: Cherokee
   - Need Nurses: Cherokee

2. Shortage of Facilities and Services
   - Nursing and Rest Homes: Cherokee, Graham, Haywood, Swain
   - Health Education (prevention and motivation): Graham, Haywood, Macon
   - Transportation: Haywood, Graham, Macon
   - Care for Elderly: Clay, Jackson
   - Dental Care: Graham, Macon, Swain
   - Lack of Emergency Care: Haywood, Macon
   - Distance from Hospitals: Clay, Jackson
   - Facilities and Services in General: Haywood, Macon
   - Lack of or inadequate Hospitals: Haywood, Macon
   - Mental Health Care: Swain
   - Pre/Post Natal Care: Clay
   - Nutrition: Jackson
   - Home Nursing and Home Health Services: Macon

3. Environmental Health Problems
   - Substandard House and Related Problems: Clay, Graham
   - Sanitation (regulations, etc.): Clay, Macon
   - Water and/or Sewer (individual and community): Jackson
   - Solid Waste: Haywood

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Need Doctors	Cherokee, Clay, Macon		
Need Dentists		Cherokee, Clay, Swain	
Need Combination of Health Manpower	Swain, Graham	Jackson	Haywood
Lack of or inadequate Hospitals	Haywood	Macon	
Water and/or Sewer Problems(individual and community)	Jackson		
Nursing and Rest Homes		Haywood	Swain
Dental Care		Graham	
Need Nurses			Cherokee
Care for Elderly			Clay
Nutrition			Jackson
Transportation			Graham
Health Education (prevention and motivation)			Macon

Table 6. A listing of the Rural Health Problems in Region B as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Madison
   - Need Dentists: Madison

2. Shortage of Facilities and Services
   - Care for Elderly: Henderson
   - Dental Care: Henderson
   - Mental Health Care: Henderson
   - Lack of or Inadequate Hospitals: Madison
   - Transportation: Henderson
   - Distance from Hospitals and other care: Madison
   - Nursing and Rest Homes: Madison

3. Environmental Health Problems
   - Land Use Planning and Controls: Henderson
   - Solid Waste: Henderson
   - Sanitation (regulations, etc.): Henderson

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Need Doctors	Madison		
Dental Care	Henderson		
Need Dentists		Madison	
Water and/or Sewer Problems (individual and community)		Henderson	
Care for Elderly			Henderson

NOT REPORTING: Buncombe and Transylvania

Table 7. A listing of the Rural Health Problems in Region C as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   Need Doctors: McDowell, Polk

2. Shortage of Facilities and Services
   Nursing and Rest Homes: McDowell, Polk
   Transportation: Polk, Rutherford
   Lack of Emergency Care: Polk, Rutherford
   Medical Care (primarily children and near poor): Rutherford
   Pre/Post Natal Care: Cleveland
   Immunization: Cleveland
   Nutrition: Polk
   Lack of or Inadequate Hospitals: McDowell
   Health Education (prevention and motivation): Polk

3. Disease and Related Problems
   Venereal Disease Problems: Cleveland
   Chronic/Other Diseases: Cleveland

4. Environmental Health Problems
   Water and/or Sewer (Individual and community): McDowell, Polk, Rutherford
   Solid Waste: Polk, Rutherford
   Land Use Planning and Controls: Rutherford
   Substandard House and Related Problems: Cleveland
   Pests: Rats, Mosquito, etc. (household and community): Rutherford

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Medical Care (primarily children and near poor)	Rutherford	Cleveland	
Need Doctors	McDowell		Polk
Dental Care	Polk		
Venereal Disease Problems	Cleveland		
Water and/or Sewer Problems (individual and community)		Rutherford	McDowell
Lack of or inadequate Hospitals		McDowell	
Nursing and Rest Homes		Polk	
Pre/Post Natal Care			Cleveland
Land Use Planning and Controls			Rutherford

Table 8. A listing of the Rural Health Problems in Region D as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Aleghany, Mitchell, Wilkes
   - Need Combination of Health Manpower: Watauga, Yancey
   - Need Dentists: Alleghany
   - Need Technicians: Yancey
   - Need Public Health Personnel: Mitchell
   - Need Nurses: Alleghany

2. Shortage of Facilities and Services
   - Transportation: Avery, Alleghany, Watauga, Wilkes, Yancey
   - Health Facilities and Services in General: Mitchell, Watauga, Yancey
   - Nutrition: Alleghany, Watauga, Yancey
   - Day Care for Children: Alleghany, Watauga
   - Dental Care: Alleghany, Watauga
   - Medical Care (primarily children and near poor): Watauga
   - Care for Elderly: Alleghany
   - Pre/Post Natal Care: Alleghany
   - Immunization: Avery
   - Lack of Emergency Care: Yancey
   - Lack of or Inadequate Hospitals: Mitchell
   - Nursing and Rest Homes: Watauga
   - Home Nursing and Home Health Services: Wilkes
   - Vocational Rehabilitation: Alleghany

3. Disease and Related Problems
   - Chronic and Other Diseases: Alleghany, Watauga
   - Drug Abuse: Alleghany, Wilkes
   - Venereal Disease Problems: Alleghany

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Alleghany, Avery, Mitchell, Watauga, Yancey
   - Solid Waste: Alleghany, Avery
   - Dog Control Programs: Wilkes, Yancey
   - Land Use Planning and Controls: Wilkes
   - Substandard House and Related Problems: Mitchell
   - Pests: Rats, mosquito, etc. (household and community): Alleghany
   - Sanitation (regulations, etc.): Wilkes
   - Other Environmental Health Problems: Avery, Mitchell, Watauga, Wilkes

-continued-

Table 8 (continued)

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Need Combination of Health Manpower.....	Wilkes	Alleghany	Yancey
Chronic Disease.....	Alleghany	Watauga	
Inadequate Health Facilities and services in General:.....	Yancey		Watauga
Need Doctors.....	Mitchell		
Immunization.....	Avery		
Family Planning.....		Avery	
Land Use Planning and Controls.....		Wilkes	
Solid Waste Problems.....			Alleghany, Avery
Need Public Health Personnel.....			Mitchell
Lack of Emergency Care.....			Yancey
Sanitation (regulations, etc.).....			Wilkes
Other Environmental Health Problems.....		Mitchell, Watauga	

NOT REPORTING: Ashe

BEST COPY AVAILABLE

Table 9. A listing of the Rural Health Problems in Region E as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Alexander, Caldwell
   - Need Dentists: Alexander, Caldwell
   - Need Public Health Personnel: Alexander
   - Need Technicians: Alexander, Caldwell

2. Shortage of Facilities and Services
   - Care for Elderly: Alexander, Caldwell
   - Lack of Emergency Care: Burke, Caldwell
   - Nutrition: Alexander, Burke, Caldwell
   - Out Patient Clinic: Burke Caldwell
   - Lack of or Inadequate Hospitals: Alexander, Caldwell
   - Transportation: Burke, Caldwell
   - Nursing and Rest Homes: Alexander, Caldwell
   - Home Nursing & Home Health Services: Alexander, Burke
   - Health Facilities and Services in General: Caldwell
   - Mental Health Care: Burke
   - Health Education (prevention and motivation): Alexander

3. Disease and Related Problems
   - Venereal Disease Problems: Burke
   - Drug Abuse: Burke
   - Alcohol Abuse: Burke

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Alexander, Caldwell
   - Solid Waste: Caldwell
   - Substandard House and Related Problems: Caldwell
   - Other Environmental Health Problems: Burke, Caldwell

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Need Combination of Health Manpower.....	Alexander, Caldwell		
Lack of Emergency Care.....	Burke		
Health Education (prevention and motivation).....		Burke	Alexander
Inadequate Health Facilities and services in General.....		Caldwell	
Lack of or Inadequate Hospitals.....		Alexander	
Transportation.....			Caldwell

NOT REPORTING: Catawba.

Table 10. A listing of the Rural Health Problems in Region F as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Cabarrus, Gaston, Lincoln, Mecklenburg, Union
   - Need Dentists: Gaston, Lincoln, Union
   - Need Nurses: Lincoln
   - Need Technicians: Union

2. Shortage of Facilities and Services
   - Health Education (prevention and motivation): Cabarrus, Lincoln, Rowan, Stanly
   - Medical Care (primarily children and near poor): Lincoln, Mecklenburg, Rowan
   - Family Planning: Cabarrus, Lincoln, Rowan
   - Transportation: Gaston, Lincoln, Union
   - Health Facilities and services in General: Cabarrus, Gaston
   - Care for Elderly: Iredell, Lincoln
   - Mental Health Care: Cabarrus, Lincoln
   - Nutrition: Cabarrus, Rowan
   - Home Nursing and Home Health Services: Rowan, Union
   - Day Care for Children: Iredell
   - Dental Care: Cabarrus, Lincoln
   - Immunization: Rowan
   - Nursing and Rest Homes: Lincoln

3. Disease and Related Problems
   - Drug Abuse: Lincoln, Union
   - Alcohol Abuse: Cabarrus, Lincoln
   - Venereal Disease Problems: Cabarrus
   - Chronic/Other Diseases: Rowan

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Cabarrus, Iredell, Lincoln, Mecklenburg, Stanly, Union
   - Solid Waste: Cabarrus, Gaston, Iredell, Rowan, Stanly
   - Substandard House and Related Problems: Cabarrus, Gaston, Iredell
   - Land Use Planning and Controls: Cabarrus, Gaston
   - Other Environmental Health Problems: Cabarrus, Gaston
   - Dog Control Programs: Cabarrus

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Need Combination of Health Manpower.....	Gaston, Lincoln		
Need Doctors.....	Mecklenburg	Union	
Water and/or Sewer Problems (individual and community).....	Iredell	Stanly	

-continued-

Table 10 (continued)

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Need Technicians	Union		
Immunization	Rowan		
Health Education (prevention and motivation)	Stanly		
Venereal Disease Problems	Cabarrus		
Medical Care (primarily children and near poor)		Lincoln, Mecklenburg	
Solid Waste Problems		Iredell	Gaston
Inadequate Health Facilities and Services in General		Gaston	
Home Nursing and Home Health Services		Rowan	
Substandard House and Related Problems		Cabarrus	
Lack of Emergency Care			Cabarrus
Family Planning			Rowan
Day Care For Children			Iredell
Drug Abuse			Union
Alcohol Abuse			Lincoln

Table II. A listing of the Rural Health Problems in Region G as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Combination of Health Manpower: Alamance, Davidson, Surry
   - Need Doctors: Caswell, Davidson
   - Need Technicians: Guilford, Rockingham
   - Need Dentists: Caswell

2. Shortage of Facilities and Services
   - Health Facilities and Services in General: Alamance, Davidson, Guilford, Rockingham, Surry, Yadkin
   - Mental Health Care: Guilford, Randolph, Stokes, Surry, Yadkin
   - Family Planning: Davidson, Davie, Randolph, Stokes, Yadkin
   - Health Education (prevention and motivation): Caswell, Davie, Guilford, Rockingham, Yadkin
   - Dental Care: Davie, Randolph, Stokes
   - Lack of Emergency Care: Caswell, Surry, Randolph
   - Transportation: Alamance, Caswell, Davidson
   - Medical Care (primarily children and near poor): Randolph, Stokes
   - Out Patient Clinic: Randolph, Rockingham
   - Lack of or Inadequate Hospitals: Caswell, Yadkin
   - Care for Elderly: Davie
   - Pre/Post Natal Care: Stokes
   - Immunization: Davie
   - Nursing and Rest Homes: Randolph
   - Nutrition: Caswell, Guilford, Randolph, Stokes, Yadkin

3. Disease and Related Problems
   - Alcohol Abuse: Guilford, Stokes, Surry
   - Drug Abuse: Guilford, Surry
   - Chronic/Other Diseases: Davie

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Alamance, Davidson, Guilford, Randolph, Surry, Yadkin
   - Solid Waste: Alamance, Davidson
   - Other Environmental Health Problems: Alamance, Davidson
   - Land Use Planning and Controls: Alamance
   - Animal Waste: Guilford

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Water and/or Sewer Problems (individual and community)	Alamance, Davidson		
Inadequate Health Facilities and Services in General	Rockingham	Surry	Davidson
Need Doctors	Guilford	Caswell	
Out Patient Clinics	Randolph	Rockingham	
Need Combination of Health Manpower		Davidson	Alamance, Surry

-continued-

Table 11 (continued)

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Family Planning		Davie	Randolph, Yadkin
Lack of or Inadequate Hospitals	Yadkin		
Pre/Post Natal Care	Stokes		
Immunization	Davie		
Lack of Emergency Care	Caswell		
Drug Abuse	Surry		
Nutrition		Yadkin	Stokes
Medical Care (primarily children and near poor)		Randolph	
Dental Care		Stokes	
Land Use Planning and Controls		Alamance	
Health Education (prevention and motivation)			Caswell, Guilford
Need Technicians			Rockingham
Chronic and Other Diseases			Davie
Other Environmental Health Problems		Guilford	

NOT REPORTING: Forsyth

Table 12. A listing of the Rural Health Problems in Region H as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Anson, Montgomery, Moore, Richmond
   - Need Dentists: Montgomery, Richmond
   - Need Nurses: Anson
   - Need Public Health Personnel: Anson
   - Need Combination of Health Manpower: Montgomery

2. Shortage of Facilities and Services
   - Mental Health Care: Moore, Richmond
   - Health Education (prevention and motivation): Anson, Richmond
   - Health Facilities and Services in General: Richmond
   - Dental Care: Richmond
   - Transportation: Moore
   - Immunization: Moore

3. Disease and Related Problems
   - Venereal Disease Problems: Montgomery, Richmond
   - Drug Abuse: Montgomery

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Anson, Montgomery, Moore
   - Sanitation (regulations, etc.): Anson, Moore

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES		
	1st Priority	2nd Priority	3rd Priority
Need Doctors	Montgomery, Richmond	Anson	
Health Education (prevention and motivation)	Moore		Anson, Richmond
Water and/or Sewer (individual and community)	Anson		
Need Dentists		Montgomery	
Inadequate Health Facilities and services in General		Richmond	
Family Planning		Moore	
Transportation			Moore
Venereal Disease Problems			Montgomery

BEST COPY AVAILABLE

Table 13. A listing of the Rural Health Problems in Region J as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Durham, Orange
   - Need Dentists: Orange

2. Shortage of Facilities and Services
   - Nutrition: Chatham, Durham, Johnston, Orange, Wake
   - Health Education (prevention and motivation): Chatham, Durham, Johnston, Orange, Wake
   - Transportation: Durham, Lee, Orange, Wake
   - Mental Health Care: Chatham, Johnston
   - Dental Care: Chatham, Johnston
   - Health Facilities and Services in General: Lee
   - Care for Elderly: Wake
   - Immunization: Chatham
   - Family Planning: Wake
   - Pre/Post Natal Care: Chatham

3. Disease and Related Problems
   - Chronic/Other Diseases: Chatham, Orange
   - Venereal Disease Problems: Chatham

4. Environmental Health Problems
   - Water and/or Sewer (individuals and community): Durham, Johnston, Orange
   - Solid Waste: Johnston, Orange, Wake
   - Substandard House and Related Problems: Chatham, Lee, Wake
   - Sanitation (regulations, etc.): Johnston
   - Pests: Rats, Mosquito, etc. (household and community): Johnston

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Health Education (prevention and motivation)	Chatham, Lee		Durham, Wake
Water and/or Sewer (individual and community)	Durham, Johnston		
Inadequate Health Facilities and services in General	Orange		
Transportation	Wake		
Nutrition		Durham, Orange	
Care for Elderly		Wake	
Venereal Disease Problems		Chatham	
Pests: Rats, Mosquito, etc. (household and community)		Johnston	
Solid Waste Problems			Johnston, Orange
Pre/Post Natal Care			Chatham

Table 14. A listing of the Rural Health Problems in Region K as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Granville, Person, Warren
   - Need Dentists: Person
   - Need Combination of Health Manpower: Person
   - Need Technicians: Person
   - Need Nurses: Person

2. Shortage of Facilities and Services
   - Out Patient Clinic: Person, Vance, Warren
   - Distance from Hospitals and other Care: Granville, Warren
   - Health Facilities and Services in General: Person
   - Lack of Emergency Care: Person
   - Family Planning: Vance
   - Nutrition: Franklin
   - Transportation: Vance
   - Nursing and Rest Homes: Granville
   - Home Nursing and Home Health Services: Vance

3. Environmental Health Problems
   - Water and/or Sewer (individual and community): Franklin, Granville, Vance
   - Substandard House and Related Problems: Franklin, Granville
   - Solid Waste: Granville, Vance
   - Pests: Rats, Mosquito, etc., (household and community): Franklin, Granville
   - Land Use Planning and Controls: Granville
   - Other Environmental Health Problems: Granville

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES		
	1st Priority	2nd Priority	3rd Priority
Need Doctors	Warren	Vance	
Need Combination of Health Manpower	Person		Granville
Family Planning	Vance		
Water and/or Sewer (individual and community)	Granville		
Solid Waste Problems	Franklin		
Inadequate Health Facilities and Services in General		Granville, Warren	
Substandard House and Related Problems		Franklin	Vance
Lack of Emergency Care		Person	
Need Nurses			Warren
Nutrition			Franklin

Table 15. A listing of the Rural Health Problems in Region L as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Nash, Edgecombe, Halifax
   - Need Dentists: Halifax
   - Need Technicians: Nash
   - Need Health Educators: Nash
   - Need Nurses: Nash

2. Shortage of Facilities and Services
   - Health Education (prevention and motivation): Nash, Northampton, Edgecombe, Halifax
   - Health Facilities and Services in General: Nash, Northampton, Edgecombe
   - Medical Care (primarily children and near poor): Nash, Edgecombe, Wilson
   - Pre/Post Natal Care: Northampton, Edgecombe, Halifax
   - Family Planning: Edgecombe, Halifax, Wilson
   - Transportation: Nash, Northampton, Halifax
   - Care for Elderly: Wilson
   - Dental Care: Northampton
   - Nutrition: Northampton
   - Lack of or Inadequate Hospitals: Northampton
   - Home Nursing and Home Health Services: Nash

3. Disease and Related Problems
   - Venereal Disease Problems: Nash, Edgecombe
   - Drug Abuse: Nash, Edgecombe

4. Environmental Health Problems
   - Water and/or Sewer (Individual and Community): Edgecombe, Halifax
   - Substandard House and Related Problems: Edgecombe, Halifax
   - Land Use Planning and Controls: Halifax
   - Solid Waste Problems: Edgecombe
   - Pests: Rats, Mosquito, etc., (household and community): Edgecombe
   - Other Environmental Health Problems: Northampton

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Need Combination of Health Manpower.....	Halifax	Nash	Edgecombe
Health Education (prevention and motivation).....		Edgecombe, Halifax	Nash, Northampton
Transportation.....	Nash	Northampton	
Substandard House and Related Problems.....	Edgecombe		Halifax
Care for Elderly.....	Wilson		
Inadequate Health Facilities and Services in General.....	Northampton		
Family Planning..		Wilson	
Medical Care (primarily children and near poor).....			Wilson

Table 16. A listing of the Rural Health Problems in Region M as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Harnett
   - Need Combination of Health Manpower: Sampson

2. Shortage of Facilities and Services
   - Nutrition: Cumberland, Harnett, Sampson
   - Health Facilities and Services in General: Cumberland, Sampson
   - Transportation: Harnett, Sampson
   - Medical Care (primarily children and near poor): Sampson
   - Care for Elderly: Harnett
   - Family Planning: Cumberland
   - Home Nursing and Home Health Services: Harnett
   - Health Education (prevention and motivation): Sampson

3. Disease and Related Problems
   - Venereal Disease Problems: Cumberland, Harnett
   - Drug Abuse: Cumberland, Harnett
   - Alcohol Abuse: Harnett

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Cumberland
   - Land Use Planning and Controls: Sampson
   - Solid Waste: Cumberland
   - Substandard House and Related Problems: Sampson
   - Pests: Rats, Mosquito, etc., (household and community): Cumberland
   - Other Environmental Health Problems: Cumberland

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES		
	1st Priority	2nd Priority	3rd Priority
Medical Care (primarily children and near poor)	Sampson		
Home Nursing and Home Health Services	Harnett		
Solid Waste	Cumberland		
Need Doctors		Harnett	
Water and/or Sewer Problems (individuals and community)		Cumberland	
Substandard House and Related Problems		Sampson	
Inadequate Health Facilities and services in General			Cumberland
Nutrition			Sampson
Transportation			Harnett

BEST COPY AVAILABLE

Table 17. A listing of the Rural Health Problems in Region N as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Bladen, Hoke, Scotland
   - Need Dentists: Hoke
   - Need Combination of Health Manpower: Robeson
   - Need Public Health Personnel: Hoke

2. Shortage of Facilities and Services
   - Health Education (prevention and motivation): Hoke, Robeson, Scotland
   - Nutrition: Hoke, Robeson
   - Home Nursing and Home Health Services: Bladen, Hoke
   - Health Facilities and Services in General: Scotland
   - Medical Care (primarily children & near poor): Scotland
   - Care for Elderly: Hoke
   - Dental Care: Robeson, Scotland
   - Mental Health Care: Hoke
   - Immunization: Robeson
   - Family Planning: Robeson
   - Lack of or Inadequate Hospitals: Bladen

3. Disease and Related Problems
   - Chronic/Other Diseases: Bladen, Robeson

4. Environmental Health Problems
   - Solid Waste: Bladen, Hoke, Robeson, Scotland
   - Land Use Planning and Controls: Hoke, Robeson, Scotland
   - Substandard House and Related Problems: Bladen, Hoke, Scotland
   - Water and/or Sewer (individual and community): Hoke, Robeson
   - Pests: Rats, Mosquito, etc., (household and community): Bladen
   - Dog Control Programs: Robeson
   - Sanitation (regulations, etc.): Bladen
   - Other Environmental Health Problems: Scotland

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Health Education (prevention and motivation)	Hoke, Scotland		
Solid Waste	Robeson		Scotland
Need Doctors		Bladen, Scotland	
Lack of or Inadequate Hospitals	Bladen		
Need Public Health Personnel		Hoke	
Dental Care		Robeson	
Mental Health Care			Hoke
Family Planning			Robeson
Home Nursing and Home Health Services			Bladen

Table 18. A listing of the Rural Health Problems in Region O as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Brunswick, Columbus, New Hanover, Pender
   - Need Public Health Personnel: New Hanover, Pender
   - Need Nurses: New Hanover, Pender

2. Shortage of Facilities and Services
   - Lack of or Inadequate Hospitals: Brunswick, Columbus
   - Health Facilities and Services in General: New Hanover, Pender
   - Medical Care (primarily children and near poor): New Hanover, Pender
   - Care for Elderly: New Hanover, Pender
   - Mental Health Care: New Hanover, Pender
   - Family Planning: New Hanover, Pender
   - Transportation: New Hanover, Pender
   - Health Education (prevention and motivation): New Hanover, Pender

3. Disease and Related Problems
   - Drug Abuse: Columbus, New Hanover, Pender
   - Alcohol Abuse: New Hanover, Pender

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Brunswick, Columbus, New Hanover, Pender
   - Land Use Planning and Controls: Brunswick, Columbus
   - Pests: Rats, Mosquito, etc. (household and community): Brunswick, Columbus
   - Solid Waste: Columbus
   - Substandard House and Related Problems: New Hanover, Pender

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Need Doctors	Columbus	Brunswick	
Need Combination of Health Manpower	New Hanover, Pender		
Lack of or Inadequate Hospitals	Brunswick		
Inadequate Health Facilities and Services in General		New Hanover, Pender	
Land Use Planning and Controls		Columbus	
Transportation			New Hanover, Pender
Water and/or Sewer Problems (individual and community)			Brunswick

BEST COPY AVAILABLE

Table 19. A listing of the Rural Health Problems in Region P as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Duplin, Greene, Pamlico
   - Need Technicians: Craven, Greene
   - Need Dentists: Greene
   - Need Combination of Health Manpower: Carteret

2. Shortage of Facilities and Services
   - Health Facilities and Services in General: Carteret, Craven, Greene, Lenoir, Wayne
   - Health Education (prevention and motivation): Carteret, Jones, Onslow, Pamlico, Wayne
   - Family Planning: Carteret, Greene, Jones, Onslow
   - Nutrition: Jones, Lenoir, Onslow, Wayne
   - Transportation: Craven, Jones, Onslow, Pamlico
   - Care for Elderly: Carteret, Greene, Jones
   - Medical Care (primarily children and near poor): Carteret, Onslow, Pamlico
   - Lack of Emergency Care: Craven, Greene
   - Dental Care: Onslow

3. Disease and Related Problems
   - Venereal Disease Problems: Jones, Lenoir
   - Drug Abuse: Carteret, Jones
   - Alcohol Abuse: Jones

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Duplin, Greene, Jones, Lenoir, Onslow, Pamlico
   - Substandard House and Related Problems: Jones, Lenoir, Onslow, Wayne
   - Solid Waste: Duplin, Lenoir
   - Pests: Rats, Mosquito, etc., (household and community): Jones, Onslow
   - Land Use Planning and Controls: Onslow
   - Other Environmental Health Problems: Lenoir

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Inadequate Health Facilities and services in General.....	Carteret, Craven	Lenoir, Wayne	
Need Doctors.....	Duplin, Greene, Pamlico		
Health Education (prevention and motivation).....	Onslow	Carteret, Jones	Wayne

-continued-

Table 19 (continued)

Problems	Number of Counties 1st Priority	2nd Priority	3rd Priority
Water and/or Sewer (individual and community)	Wayne	Duplin, Pamlico	Lenoir
Care for Elderly	Jones		
Solid Waste	Lenoir		
Lack of Emergency Care		Greene	Craven
Transportation		Craven	
Nutrition			Onslow
Substandard House and Related Problems			Jones
Other Environmental Health Problems		Onslow	

Table 20. A listing of the Rural Health Problems in Region Q as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Combination of Health Manpower: Hertford, Martin
   - Need Doctors: Beaufort
   - Need Technicians: Beaufort

2. Shortage of Facilities and Services
   - Health Education (prevention and motivation): Beaufort, Hertford, Martin, Pitt
   - Transportation: Hertford, Martin, Pitt
   - Health Facilities and Services in General: Hertford, Martin
   - Nutrition: Beaufort, Martin
   - Medical Care (primarily children and near poor): Beaufort
   - Care for Elderly: Martin
   - Mental Health Care: Martin
   - Lack of Emergency Care: Pitt
   - Family Planning: Pitt
   - Out Patient Clinic: Beaufort

3. Disease and Related Problems
   - Venereal Disease Problems: Pitt
   - Chronic/Other Diseases: Pitt

4. Environmental Health Problems
   - Water and/or Sewer (individual and community): Beaufort, Pitt
   - Solid Waste: Pitt
   - Substandard House and Related Problems: Martin
   - Sanitation (regulations, etc.): Martin

B. PRIORITY PROBLEMS

Problems	NUMBER OF COUNTIES 1st Priority	2nd Priority	3rd Priority
Health Education (prevention and motivation)	Hertford, Martin		
Transportation		Beaufort, Martin	Hertford
Out Patient Clinics	Beaufort		
Chronic and Other Diseases	Pitt		
Need Combination of Health Manpower		Hertford	
Venereal Disease Problems		Pitt	
Inadequate Health Facilities and Services in General			Beaufort, Martin
Lack of Emergency Care			Pitt

NOT REPORTING: Bertie

Table 21. A listing of the Rural Health Problems in Region R as perceived by County Rural Development Panels.

A. PRINCIPAL PROBLEMS

1. Shortage of Health Manpower
   - Need Doctors: Camden, Chowan, Currituck, Dare, Hyde, Pasquotank
   - Need Dentists: Dare, Hyde
   - Need Combination of Health Manpower: Chowan

2. Shortage of Facilities and Services
   - Health Facilities and Services in General: Camden, Currituck, Dare, Gates, Hyde, Perquimans, Tyrrell, Washington
   - Mental Health Care: Currituck, Chowan, Gates, Pasquotank, Washington
   - Transportation: Chowan, Gates, Hyde, Pasquotank, Washington
   - Medical Care (primarily children and near poor): Gates, Pasquotank, Tyrrell, Washington
   - Dental Care: Chowan, Hyde, Tyrrell, Washington
   - Distance from Hospitals and other Care: Currituck, Dare, Hyde, Tyrrell
   - Nursing and Rest Homes: Chowan, Currituck, Dare, Hyde
   - Lack of Emergency Care: Dare, Pasquotank, Washington
   - Family Planning: Chowan, Gates, Tyrrell
   - Health Education (prevention and motivation): Chowan, Gates, Hyde
   - Nutrition: Chowan, Gates
   - Foster Homes for Children: Chowan
   - Out Patient Clinic: Washington
   - Lack of or Inadequate Hospitals: Tyrrell
   - Vocational Rehabilitation: Chowan

3. Disease and Related Problems
   - Drug Abuse: Gates, Hyde, Tyrrell
   - Venereal Disease Problems: Gates, Tyrrell
   - Alcohol Abuse: Hyde, Tyrrell

4. Environmental Health Problems
   - Solid Waste: Camden, Hyde, Pasquotank, Perquimans
   - Sanitation (regulations, etc.): Chowan, Gates, Hyde
   - Water and/or Sewer (individual and community): Pasquotank, Perquimans
   - Substandard House and Related Problems: Gates, Perquimans
   - Pests: Rats, Mosquito, etc., (household and community): Chowan, Hyde
   - Dog Control Programs: Hyde
   - Animal Waste: Perquimans
   - Other Environmental Health Problems: Hyde

-continued-

Table 21 (continued)

3. PRIORITY PROBLEMS	NUMBER OF COUNTIES		
	1st Priority	2nd Priority	3rd Priority
Problems			
Need Doctors	Camden, Washington		Chowan, Currituck, Dare
Inadequate Health Facilities and Services	Currituck	Gates, Washington	
Distance From Hospitals and other Care		Currituck, Dare, Hyde	
Water and/or Sewer (individual and community)	Pasquotank	Camden	
Lack of Emergency Care	Dare		Pasquotank
Transportation	Hyde		Washington
Health Education (prevention and motivation)	Gates		
Solid Waste	Perquimans		
Sanitation (regulations, etc.)	Chowan		
Lack of or Inadequate Hospitals	Tyrrell		
Need Combination of Health Manpower		Tyrrell	Gates
Medical Care (primarily children and near poor)		Pasquotank	Perquimans
Nutrition		Chowan	
Animal Waste Problems		Perquimans	
Dental Care			Tyrrell
Other Environmental Health Problems			Hyde

BEST COPY AVAILABLE

Conclusions and Implications

The information contained in this report reflects the views of agency personnel who work with rural people. Many of the public services, educational and otherwise, of rural people are influenced directly or indirectly by these organizations. Thus, the perception they have of rural health care is important and can be considered a fairly accurate representation of the actual situation.

The central conclusion of the study is that there is a shortage of health manpower coupled with inadequate facilities and services in the State. The matter of distribution, distance and transportation, cost of medical care and older people are contributing factors to the problem.

This situation coupled with the rural nature of the State implies that the problem cannot be solved through a traditional approach to health care. The probability of having a doctor and a fully equipped medical facility in all communities who want one is not only economically impossible but unwarranted in many cases. Rather, it will be necessary to devise new systems for health care delivery. Some efforts toward this end are already underway and the State is likely to increase its efforts in this regard in the future. The new systems will probably make use of various levels of services and trained medical personnel. They will be designed to provide the medical care at the most appropriate level and will rely upon a system of referrals to assure quality, efficiency, and economy.

The expressed need for health education and many of the health problems listed such as dental care, nutrition, family planning, mental care, venereal diseases and others, strongly imply a need for additional health education programs. These same problems indicate that more resources are needed by County Health Departments. These problems imply that a concerted and coordinated effort is needed at the State level and in each county to attack these problems. Preventative health education can be conducted within

our present means and should be considered the responsibility of all agencies who work with rural people.

The involvement of community resources -- professionals, business and other citizens -- is essential in solving health problems. Short of a complete nationalization of the health delivery system, it will be the commitment of the community to obtain optimum health care for all its residents that will be the primary determinant of its success. Goverment, the medical community and voluntary organizations can offer technical and financial assistance but in the final analysis it is up to the community to decide upon a plan of action and how best to utilize these outside resources.

Since public understanding and support provides the cornerstone necessary to solve any problem, it might well be concluded that the major challenge implied in these findings is to provide information which will help the citizens of the State make intelligent decisions in regards to both personal health care and support for improved health delivery systems.

Appendix

MEMBERSHIP OF
STATE TASK FORCE ON RURAL HEALTH

Dr. Eloise Cofer, Assistant Director, Agricultural Extension Service, NCSU - CHAIRMAN
Mr. James Tart, Agricultural Information, NCSU - SECRETARY
Dr. D. C. Roane, President, Old North State Medical Society
Mr. Paul Ellison, President, N. C. Hospital Association
Mr. Richard K. Parks, Office of State Planning, N. C. Department of Administration
Mr. Jay Davis, Food Distribution Division, N. C. Department of Agriculture
Mrs. Junia Jenkins, Professor, Public Health Nursing, A & T State University
Mr. Coy L. Hudson, Director, Developmental Programs, Department of Community Colleges
Ms. Billie Piersawl, Assistant Director Mgt. Analysis, N. C. Dept. of Mental Health
Mr. John Sledge, N. C. Farm Bureau
Dr. J. Kempton Jones, Chairman Committee on Community Medical Care
Dr. William Keith, N. C. Dental Society
Dr. Ronald H. Levine, Director, Community Health Division, State Board of Health
Miss Emma Carr Bivins, Health Educator, Dental Health, State Board of Health
Mrs. Ruth J. Harris, Professor, School of Nursing, University of North Carolina
Dr. Guy W. Steuart, Head, Dept. of Health Education, University of North Carolina-CH
Mr. John Payne, Assoc. Director, Div. of Ed. & Research in Community Medical Care - UNC-CH
Miss Lynn Hines, Supervisor, Medical Work Section, N. C. Dept. of Human Resources
Dr. Louis Smith, State Council Comprehensive Health Planning, Carver Hall, A & T State Univ.
Dr. T. D. Scurletis, Director, Personal Health Division, State Board of Health
Mr. Stanley B. Morse, Hospital Director, Veterans Administration Hospital
Mrs. Idonna Russell, Assistant Professor, Dept. of Soc. & Anth., N. C. State University
Miss Isabelle Buckley, State Committee on Aging, N. C. State University
Dr. Vance E. Hamilton, Ext. Assistant Professor, Sociology & Anthropology, N. C. State Univ.
Mrs. Marjorie Donnelly, In Charge Foods and Nutrition, N. C. State Univeristy
Miss Kathleen Nelson, District Home Economics Agent, N. C. State University
Dr. Mary L. Cranford, 4-H Specialist, N. C. State University
Dr. Paul S. Stone, Extension Economist and Secretary, State Rural Development Committee, NCSU
Mrs. Jeanne W. Boykin, Chairman N. C. Board of Nursing
Miss Mary McRee, Executive Director, N. C. Board of Nursing
Mr. Robert A. Flynn, District Manager, Social Security Administration
Mr. John Morrisey, Executive Director of General Counsel, N. C. Assoc. of County Commissioners
Mrs. Julia B. Spight, Associate Professor, Public Health Nursing, A & T State University
Mr. Alan McKinney, Future Farmers of America
Dr. Ruth Burroughs, Administrator, Medical Services, Division of Vocational Rehabilitation, N. C. Department of Human Resources
Mr. Travis Tomlinson, Jr., N. C. Health Facilities Association
Dr. David P. Roll, Director, National Institute of Environmental Health Sciences
Mrs. Harry B. Caldwell, Master, N. C. Grange
Dr. Norman Leafe, N. C. Department of Public Instruction
Mr. I. O. Wilkerson, Exec. Director, N. C. Medical Care Committee
Mrs. Lucy Wilson, Health Chairman, N. C. Home Economics Association
Mr. Stevens Krouch, Deputy Secretary, N. C. Military and Veterans Affairs

- continued -

BEST COPY AVAILABLE

Membership (continued)

Mr. Harold Carrick, State Director, American Association of Retired People
Mr. Roland Stump, President, N. C. Association of Area Wide Health Planning Agencies
Mrs. Mary C. Adams, President, N. C. Licensed Practical Nurses
Mrs. Elsie F. Cole, N. C. Licensed Practical Nurses
Mrs. Frank Crowell, President, N. C. Congress of Parents and Teachers
Ms. Barbara Smith, N. C. Department of Social Services
Dr. Leon B. Perkinson, Rural Development Service, U. S. Department of Agriculture
Mr. James Bernstein, Chief, Rural Community Health Assistance Section, Medical Facility Services and Licensure Division, Department of Human Resources